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*NONE ASL 4/25/06*  
 \*\* CONTINUING DATA \*\*\*\*\*

*NONE ASL 4/25/06*  
 \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE  
 GRANTED  
 \*\* 05/06/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY AL	SHEETS DRAWING 13	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 6
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35 USC 119 (a-d) conditions ☐ yes ☒ no ☐ Met after  
 met Allowance *ASL*

Verified and Acknowledged  
 Examiner's Signature *Amadeus Lopez* Initials *ASL*

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TITLE  
 Spacer for delivery of medications from an inhaler to children and breathing impaired patients

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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